MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

11475

Reg. Diat. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, Institution, or street address where death occurred: Halkertown

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Halkertown
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Elizabeth E. Alford

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: William A. Alford

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): December 5, 1860

8. AGE: Years	Months	Days	If less than one day
79	11	17	hrs. min.

9. Birthplace: Caroline County, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER — 12. Name: No data available

FATHER — 13. Birthplace:

MOTHER — 14. Maiden name: Rebecca Poole

MOTHER — 15. Birthplace: Caroline County, Maryland

16. Informant: Earl Alford

Address: Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: November 26, 1940 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg Maryland

18. Funeral director: J. F. Frampton & Son

Address: Federalsburg, Maryland

19. Nov. 25 1940 (Date rec'd by registrar) S. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22 1940, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/18 1940, to 11/22 1940

and that I last saw h— alive on 11/22 1940

	DURATION
Immediate cause of death: Cerebral Hemmorhage	11/18/40 (4 days)
Due to: Cerebral Arteriosclerosis	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. K. Kurtz, MD (M. D. or other)

Address: Federalsburg, Md Date signed: 11/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1940
U. S.

Dr. Knotts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-B)

CERTIFICATE OF DEATH

11476

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth Francis Andrews

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband ~~or wife~~: William C. Andrews
6 (c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 22nd 1873

8. AGE: Years: 67 | Months: 4 | Days: 22 | If less than one day: hrs. min.

9. Birthplace: Harmony Md.
(Town, county, and state)

10. Usual occupation: At home

11. Industry or business

FATHER
12. Name: Isaac Pool
13. Birthplace: Maryland

MOTHER
14. Maiden name: Martha Collins
15. Birthplace: Maryland

16. Informant: Mrs John T Howard
Address: Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-17-40 (month) (day) (year)
Cemetery or crematory: Concord Cemetery
Location: Near Denton

18. Funeral director: J. Virgil Thomas & Son
Address: Denton

19. Nov. 17 1940 (Date rec'd by registrar) Mrs D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14 1940, at 9:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1940, to Nov 14 1940, and that I last saw h— alive on Nov. 13 1940.

Immediate cause of death	DURATION
Myelomatosis	6 mo+
Due to Primary site, rib: L.W.B.R.	
Duration: first noticed, three months	
Due to prior to death.	
A lump on rt rib was removed during life of deceased	
Other conditions Terminal Bron Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No autopsy.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Paul Knotts M.D.
M. D. or other
Address: Denton Md Date signed: Nov. 16-1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

11477

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(89-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline

City or town Marydell Md R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Marydell R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Tessie Tessie Bruncz (see #17)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Married

6.(b) Name of husband or wife John Bruncz

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 28-1879

8. AGE:

Years	Months	Days	If less than one day
61	~~May~~ 5	19	hrs. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Joseph Hegedus
13. Birthplace Hungary

MOTHER
14. Maiden name Baranyi Rosa
15. Birthplace Hungary

16. Informant John Bruncz

Address Marydell Md

17. Templeville Date thereof Nov. 20 1940 (month) (day) (year)

(Burial, cremation, or removal. Where)

Cemetery or crematory Templeville

Location Near Templeville

19. Funeral director Raymond B. Rawlings

Address Greensboro Md

19. 11/19/40 19 A C Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940 at 11.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8 1940, to Nov 16 1940 and that I last saw him alive on Nov 15 1940

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arterial Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE C H Metcalfe M. D. or other

Address Ludlville Md Date signed Nov 17, 40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1948
BUREAU U. S.

11478

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52-B

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: John T. Clark.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Widowed
8.(b) Name of husband or wife: May Dee Clark.
Sept 4. 1876 6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 64 | Months 2 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace: Marydee Caroline Md.
(Town, county, and state)
10. Usual occupation: Merchant
11. Industry or business: ✓

FATHER
12. Name: Andrew Clark.
13. Birthplace: Del.

MOTHER
14. Maiden name: Sarah Jane Thomas.
15. Birthplace: Maryland.

16. Informant: Jr. Thomas Clark Jr.
Address: Greensboro Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec 3. 1940
(month) (day) (year)
Cemetery or crematory: Greensboro.
Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings.
Address: Greensboro Md

19. Dec 3. 1940 L. Mae Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30 1940 at 4.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1937 to Nov. 30 1940 and that I last saw him alive on Nov. 30 1940

Immediate cause of death: Sapillo Carcinoma. — DURATION: 2½ yrs.
Due to: of Bladder
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Carla H. Hoverfield M.D. M. D. or other
Address: Greensboro. Maryland Date signed: Dec 3 1940

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

11479

Reg. Diat. No. 62

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (I) MARGIN RESERVED FOR BINDING (M)

1. PLACE OF DEATH:
County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Basden Callison

3.(b) Social Security Number: 219-03-1004

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife: Annie Cohee
6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Sept. 26th 1867

8. AGE: Years	Months	Days	If less than one day
73	1	12	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: William James Callison
13. Birthplace: Maryland
MOTHER 14. Maiden name: Mary Jane Coates
15. Birthplace: Maryland
16. Informant: Mrs. Annie Callison
Address: Denton, Md.
17. Denton (Burial, cremation, or removal. Which?) Date thereof 11-11-40 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton, Md.
18. Funeral director: J. Virgil Mason & Son
Address: Denton
19. 11.11 1940 (Data rec'd by registrar) Mabel George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9 1940 at 12:15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 26 1940 to Nov 9 1940 and that I last saw h... alive on Nov. 8 1940

Immediate cause of death	DURATION
Heart Block	14 days
Due to: Arterio Sclerotic Heart Disease	12 mo±
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul Knotts MD
M. D. or other
Address: Denton Md Date signed: Nov 10 1940

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-C)

CERTIFICATE OF DEATH

11480

Reg. Diat. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

East Central Avenue

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. East Central Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Mary E. Conley

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: E. Frank Conley

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct. — 1865

8. AGE: Years: 75 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Caroline County Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER — 12. Name: No data available

13. Birthplace:

MOTHER — 14. Maiden name: No data available

15. Birthplace:

16. Informant: Mrs. Howard Williams

Address: Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 27, 1940 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. Nov. 26 1940 (Date rec'd by registrar) S. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 24 1940, at 6:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 24 1940, to Nov 24 1940

and that I last saw h.e.r. alive on Nov 24 1940

Immediate cause of death	DURATION
Cerebral Embolism	3 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Anderson M.D. M. D. or other

Address: Federalsburg Md. Date signed: 11/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

11481

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Caroline

City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Wesley Dean

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widower

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb. 16th 1868

8. AGE: Years 72 | Months 8 | Days 14 | If less than one day ... hrs. ... min.

9. Birthplace: Federalsburg, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Robt Dean
13. Birthplace: Maryland

MOTHER
14. Maiden name: Katherine Hignutt
15. Birthplace: Maryland

16. Informant: Eva D. Henning (daughter)

Address: R-D, Denton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 11-5-40 (month) (day) (year)

Cemetery or crematory: Hillcrest Cemetery

Location: Federalsburg, Md.

18. Funeral director: J. Virgil Moore & Son

Address: Denton Md

19. 11-5 1940 (Date rec'd by registrar) M. A. O. Yeager Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 3rd 1940 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 28 1940 to Nov. 3 1940 and that I last saw him alive on Nov 2 1940

Immediate cause of death	DURATION
Cancer of stomach	5 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: E. Paul Mutts M.D. M. D. or other

Address: Denton Md Date signed: Nov 5-1940

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11482

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Caroline Registration Dist. No. 61

Village or City Goldsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Edwards U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 1 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goldsboro Md. (State or country)

FATHER

13. NAME Russell James Edwards

14. BIRTHPLACE (city or town) Goldsboro (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Emma Hutson

16. BIRTHPLACE (city or town) Goldsboro (State or country) Maryland

17. INFORMANT Russell Edwards (Address) Goldsboro Md

18. BURIAL, CREMATION, OR REMOVAL Greenlawn Cemetery Place Goldsboro, Md. Date Nov. 1st, 1940

19. UNDERTAKER Russell James Edwards (Address) Goldsboro Md.

20. FILED Nov. 1st, 1940, L. Mac Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 1 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attendad deceased from Nov 1, 1940, to ..., 19...

I last saw h... aliva on ..., 19...; death is said to have occurred on the data stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	

Other Contributory Causes of importance: Cerebral Deformity Cranial Deformity

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas. H. Townsend M. D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-d)

CERTIFICATE OF DEATH

11483

Reg. Dist. No. 60

1. PLACE OF DEATH:
County Caroline
City or town Marydel R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Seven years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Marydel R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Frank E. Figueroa

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Single.

6.(b) Name of husband or wife —
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 1902

8. AGE: Years	Months	Days	If less than one day
38		26	..... hrs. ..... min.

9. Birthplace Puerto Arecibo
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business —

FATHER
12. Name Frank Figueroa
13. Birthplace Mexico.

MOTHER
14. Maiden name Marina E. Montanez
15. Birthplace Mexico.

16. Informant Robt E. Meek.
Address Marydel Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 6 1940 (month) (day) (year)
Cemetery or crematory Holy Cross.
Location Near Greensboro.

18. Funeral director Raymond B. Rawlings
Address Greensboro Md.

19. 11/6/40 (Date rec'd by registrar) a.c. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1940 at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 24 1940 to Nov. 3 1940 and that I last saw him alive on Nov. 2 1940

Immediate cause of death	DURATION
Bronchiectasis	7 yr.
Due to Bronchial Asthma	7 yr.
Due to Cardiovascular syphilis, with aortic aneurysm and CHF	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles W. Stonesifer M.D.
M.D. or Coroner
Address Trenton. Md Date signed 11-6-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11484

1. PLACE OF DEATH (159)

County Caroline Registration Dist. No. 61

Village or City Greensboro Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Franklin Johnson If U. S. Veteran, specify WAR ...

(a) Residence: No. Bridgeville, Del St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Infant

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, dey, and yaar) Oct 31, 1940

7. AGE Years	Months	Deys	If LESS than 1 dey, ... hrs. or ... min.
		16	

OCCUPATION

8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupation (month and year) ... 11. Total tima (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Bridgeville (State or country) Delaware

FATHER

13. NAME Roland Johnson

14. BIRTHPLACE (city or town) Laurel (Stata or country) Delaware

MOTHER

15. MAIDEN NAME Emma Carlisle

16. BIRTHPLACE (city or town) Greensboro (Stete or country) Maryland

17. INFORMANT Roland Johnson (Address) Bridgeville Del.

18. BURIAL, CREMATION, OR REMOVAL Place Near Greensboro Date Nov. 17, 1940

19. UNDERTAKER Raymond B. Rawlings (Address) Greensboro Md.

20. FILED Nov. 17, 1940 L. Mac Tippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 16 (Day) 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceasad from Nov 10, 1940 to Nov 16, 1940

I last saw h... alive on Nov 16, 1940; daath is said to have occurred on the deta stated ebove, at 10:30 P. m.

The PRINCIPAL CAUSE OF DEATH end related causas of importance ware es follows:

	Date of onset
Premature Malnutrition	16 da.
Congenital Deformity	16 da.

Other Contributary Causes of importance: ...

Name of operation None Date of ...

Whet test confirmed diagnosis? Clinical Was there an autopsy? No

23. If daath was due to external ceuses (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? ... Date of Injury ..., 19...

Whera did injury occur? ... (Specify city or town, county and State)

Spacify whather injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of decaasad? No

If so, specify ...

(Signed) Chas. W. Stonesifer M. D.

(Addrass) Greensboro Rdng. Yard

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

11485

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg, Md. RFD.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Rural - Federalsburg, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mary Anna Mitchell

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): October 20, 1940

8. AGE: Years: — Months: — Days: 15 If less than one day ____ hrs. ____ min.

9. Birthplace: Federalsburg, Md. RFD.
(Town, county, and state)

X 10. Usual occupation: None

11. Industry or business: "

FATHER
12. Name: Horace Mitchell
13. Birthplace: Federalsburg, Md.

MOTHER
14. Maiden name: Ruth S. Crawford
15. Birthplace: Baltimore, Md.

16. Informant: Mrs. James Mitchell
Address: Federalsburg, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. ~~Oct~~ 4, 1940
(month) (day) (year)

Cemetery or crematory: Bloomery Cemetery

Location: Smithville, Md.

18. Funeral director: C. W. Adams
Address: Federalsburg, Md.

19. Nov. 4 1940
(Date rec'd by registrar)
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Nov 5~~ Nov. 4 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Accidently Smothered to death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature]
Capital Medical Examiner M. D. or other
Address: Denton Md. Date signed: 11/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change date of death, date of burial, and date received by registrar, letter in permanent file under Walter B. Johnson

12/12/40
M. H.

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BUREAU V. S.

11486

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 53 years

Hospital, institution, or street address where death occurred: Near Williston

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Williston
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Clinton C. Neal

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife: Ruth Neal

6.(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): March 31, 1887

8. AGE: Years 53 | Months 7 | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace: Caroline County, Maryland
(Town, county, and state)

10. Usual occupation: Painter

11. Industry or business: House Painter

FATHER
12. Name: George Ralston Neal
13. Birthplace: Caroline County, Maryland

MOTHER
14. Maiden name: Phebe M. Pierce
15. Birthplace: Caroline County, Maryland

18. Informant: Madison Towers

Address: Denton, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 28, 1940 (month) (day) (year)

Cemetery or crematory: Concord Cemetery

Location: Near Denton, Maryland

18. Funeral director: J. J. Frampton & Son

Address: Federalsburg, Maryland

19. 11-28 1940 (Date rec'd by registrar) Mrs. D. O. Grage Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 25 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Chronic Disease of Heart

Due to: .....

Due to: .....

Other conditions: .....
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Deputy Medical Examiner Date signed 11/8/5

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

11487

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days): "

Stay in this community (yrs., or mos., or days): 26 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Federalsburg, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Lydia V. Nichols

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	married

8 (b) Name of husband or wife: Donie Nichols

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): May 3, 1876

8. AGE:

Years	Months	Days	If less than one day
64	6	3	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: housework

11. Industry or business: None

FATHER
12. Name: Thomas Butler
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Ellen Deane
15. Birthplace: Md.

16. Informant: Lee Nichols

Address: Newport, Del.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Nov. 9, 1940 (month) (day) (year)

Cemetery or crematory: Hillcrest Cemetery

Location: Federalsburg, Md.

18. Funeral director: C. W. Adams

Address: Federalsburg, Md.

19. Nov 7 1940 (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 5 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1937, to November 5 1940, and that I last saw her alive on August 4 1940.

Immediate cause of death: Acute Coronary Occlusion — DURATION: 3 minutes

Due to: Sclerosis with Chronic Myocarditis — ?

Due to: Hypertension — ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Thomas B. Plummer M. D. or other

Address: Peston Maryland — Date signed: 11/7 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

11488

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline

City or town Near Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Lulu Etta Richards

3. (b) Social Security Number none

4. Sex F

5. Color or race w

6. (a) Single, married, widowed, or divorced married

8 (b) Name of husband ~~or wife~~ Chas. Richards

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 24th 1884

8. AGE: Years 56 Months 2 Days 4 If less than one day ____ hrs. ____ min.

9. Birthplace Easton, Talbot County Md.

(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER

12. Name William Du Vall

13. Birthplace Maryland

MOTHER

14. Maiden name Minnie Collins

15. Birthplace Maryland

16. Informant Chas. Richards

Address R.D. Denton Md.

17. Buried

(Burial, cremation, or removal. Which?)

Date thereof 30-11-40 (month) (day) (year)

Cemetery or crematory Denton, Md.

Location Denton Md.

18. Funeral director J. Virgil Moore Bow

Address Denton Md.

19. Nov. 30 1940 Mr D O George

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1940, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1940, to Nov 28 1940, and that I last saw her alive on Nov 28 1940.

Immediate cause of death Carcinoma of Uterus

DURATION 1940 April

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hanson O George M. D. or other

Address Denton Date signed 11/30/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-C

11489

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
County: Caroline
City or town: Emory Dist MD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Maydel
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Mary Jane Ridgley

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Francis Ridgley
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 16 1903

8. AGE: Years	Months	Days	If less than one day
37	10		..... hrs. ..... min.

9. Birthplace: Emmanuel Co Ga
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:

FATHER
12. Name: Francis Lee Grimes
13. Birthplace: Ga

MOTHER
14. Maiden name: Mary Ella Leaf
15. Birthplace: Ga

16. Informant: John W. Grimes
Address: Sudlersville

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 7. 1940
(month) (day) (year)
Cemetery or crematory: Greenhill Cemetery
Location: Greenhill Md

19. Funeral director: Edward Fellows
Address: Hillsboro Md

19. Nov 5 1940 L. Mae Pugh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 4 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 30 1940, to Nov 4 1940
and that I last saw h[illegible] alive on Nov 3 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	None

Major findings of operation: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: J. W. Slack M. D. or other
Address: Greenhill Md Date signed .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 6 1940
BUREAU V. S.

2153 Inventory

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

11490

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, Institution, or street address where death occurred: Near Friendship

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Friendship
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Edwin J. Slick

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Ella Slick

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): August 24, 1868

8. AGE: Years	Months	Days	If less than one day
72	2	29	hrs. min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual occupation: Farm Helper

11. Industry or business: Farm

FATHER 12. Name: John P. Slick

FATHER 13. Birthplace: Pennsylvania

MOTHER 14. Maiden name: Martha Traugher

MOTHER 15. Birthplace: Pennsylvania

16. Informant: Mrs. Albert Andrew

Address: Federalsburg, Maryland R.F.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov. 27 1940 (month) (day) (year)

Cemetery or crematory: Lambertsville Cemetery

Location: Lambertsville, New Jersey

19. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. Nov. 25 1940 (Date rec'd by registrar) J. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23 1940 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 23 1940 and that I last saw h... alive on Nov 23 1940

Immediate cause of death	DURATION
Chronic Myocarditis	2 yrs.
Due to	
Due to	
Other conditions Acute Pulmonary Edema	1 day.

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Anderson M.D.
M. D. or other

Address: Federalsburg, Md. Date signed 11/27/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (76-a)

CERTIFICATE OF DEATH

11491

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING — VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred: Near American Corner

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near American Corner
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Anna May Slacum

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 16, 1930

8. AGE:

Years	Months	Days	If less than one day
10	7	24	..... hrs. ..... min.

9. Birthplace: Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business: Federalsburg Public School

FATHER
12. Name: Raymond J. Slacum
13. Birthplace: Dorchester County, Maryland

MOTHER
14. Maiden name: Eva Dukes
15. Birthplace: Dorchester County, Maryland

16. Informant: Raymond Slacum

Address: Federalsburg, Maryland R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12 1940 (month) (day) (year)

Cemetery or crematory: Eldorado Cemetery

Location: Eldorado, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. Nov. 12 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10 1940, at 12:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 23 1940, to Nov 10 1940

and that I last saw h[illegible] alive on Nov 9 1940

Immediate cause of death	DURATION
Agranulocytosis -	21 days
Due to: No precipitating factor determined	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: E. Paul Krotts M.D.
M. D. or other

Address: Preston Md Date signed: Nov 12-1940

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-A)

CERTIFICATE OF DEATH

11492

Reg. Diat. No. 13

1. PLACE OF DEATH:
County: Caroline
City or town: Bethlehem
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 62 yrs. 9 mons. 3 days
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Bethlehem
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Hettie Thomas

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Frank H. Thomas
6.(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): February 14, 1878

8. AGE: Years	Months	Days	If less than one day
62	9	3	...hrs. ...min.

9. Birthplace: Bethlehem, Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: Own Home

FATHER
12. Name: William Bladen
13. Birthplace: Sussex County, Delaware

MOTHER
14. Maiden name: Margaret Frazier
15. Birthplace: Caroline County, Maryland

16. Informant: Frank H. Thomas
Address: Bethlehem, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 20 1940 (month) (day) (year)
Cemetery or crematory: Rinchester Cemetery
Location: Preston, Maryland
19. Funeral director: J. D. Frampton & Son
Address: Federalsburg, Maryland

19. Nov. 19 1940 (Date rec'd by registrar) C. D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17 1940, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 17 1940, to Nov 18 1940
and that I last saw h... alive on Nov 17 1940

Immediate cause of death	DURATION
Cerebral Embolism	1 hr.
Due to: Carcinoma of Ovary	5 yrs.
c Generalized Metastasis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ...
Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: Frank H. Anderson M. D. or other
Address: Federalsburg, Md. Date signed: 11/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

11493

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sally Ann. Trazzare TRAZZARE

3. (b) Social Security Number: —

4. Sex: F

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: James Trazzar

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 20th 1858

8. AGE: Years: 83 Months: — Days: 20 If less than one day ____ hrs. ____ min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER

12. Name: James Cade

13. Birthplace: Del.

MOTHER

14. Maiden name: Elizabeth Barrick

15. Birthplace: Del.

16. Informant: James Trazzar

Address: Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 11-12-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Emerson & Son

Address: Denton Md

19. Nov. 12 1940 (Date rec'd by registrar) Jm D C George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 10 1940, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1933, to Nov. 10 1940, and that I last saw her alive on Nov. 10 1940.

Immediate cause of death

Due to: Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1433

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Hanson O George M. D. or other

Address: Denton Md Date signed: Nov 12-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11494

Reg. Dist. No. 60

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline.
City or town: Greensboro R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Margret Warner.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	B	Widowed.

6.(b) Name of husband or wife: William Warner.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 6 1878

8. AGE: Years	Months	Days	If less than one day
62	7	23	hrs. ..... min.

9. Birthplace: Greensboro Caroline Md.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business

FATHER
12. Name: James Henery Fisher.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: VeKeonne.
15. Birthplace: VeKeonne.

16. Informant: Nancy Harmon.
Address: 349 Fulton St Chester.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 2. 1940 (month) (day) (year)
Cemetery or crematory: Vernon.
Location: Near Greensboro Md.

18. Funeral director: K. B. Ramsburg.
Address: Greensboro Md.

19. 11/30/40 (Date rec'd by registrar) 19..... acSmith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-29 1940, at 8:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-28 1940, to 11/29 1940
and that I last saw h alive on 11/29 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 Days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: K. O. Silver M. D. or other
Address: Greensboro Md. Date signed .....

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a)

Reg. Dist. No. 64

CERTIFICATE OF DEATH

11495

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 208 N. Main St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in this community (yrs., mos., or days) full life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Federalsburg Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Main St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME Minnie N. (Wroten) Williamson

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife C. E. Williamson

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 20, 1885

8. AGE: Years 55 | Months 3 | Days 29 | If less than one day ____hr. ____min.

9. Birthplace Near Hurlock, Md.
(Town, county, and state)

10. Usual occupation housework

11. Industry or business None

FATHER
12. Name Samuel Cochran
13. Birthplace Dorchester

MOTHER
14. Maiden Name Mary Belle Harper
15. Birthplace Dorchester

16 (a) Informant Miss Isabelle Wroten
(b) Address Federalsburg, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Hillcrest Cemetery
Location Federalsburg, Md.

18 (a) Funeral director C. W. Stant
(b) Address Federalsburg, Md.

19 (a) Nov. 20, 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death 11/19/1940, at 7 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18/1940, to 11/19/1940, and that I last saw him alive on 11/18/1940.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Marked Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Kurtz M. D. or other
Address Federalsburg Date signed 11/19/40

RECEIVED
JAN 6 1941
BUREAU V. S.